

**APPENDIX B, STEP 1: QUALIFICATION REQUIREMENTS &
STANDARD PROPOSAL DOCUMENTATION**

Step 1 Documents Due: *Thursday, October 21, 2010, 2:00 pm*

Form A	Cover Letter
Form B	Business License
Form C	Experience
Form D	Designated Manager
Form E	Local Office/Beats for Qualification
Form F	Office Staff
Form G	Financial Responsibility
Form H	Insurance
Form I	Wages and Benefits
Form J	References
Form K	Good Standing
Form L	Certification of Debarment
Form M	Certification of Restrictions on Lobbying
Form N-1	Local Agency Proposer UDBE Information (Consultant Contracts)
Form N-2	Local Agency Proposer DBE Information (Consultant Contracts)
Form O	California Levine Act Statement

Form A Cover Letter

TO: Nina Rohlich
MTC SAFE
101 – 8th Street, Oakland, CA 94607-4700

DATE: _____

FR: PROPOSER: _____ BEAT (S): _____

In response to the Request for Qualifications Bid Invitation (RFQBI) for the Freeway Service Patrol (FSP), we the undersigned hereby declare that we have carefully read and examined the RFQBI documents and hereby propose to perform and complete the Work as required in the RFQBI and as indicated in these Proposal Documents.

By signing below, you are certifying that all information submitted to MTC SAFE in this RFQBI is accurate.

If awarded a Contract, the undersigned agrees to execute a Contract substantially similar in form to the Contract included in this RFQBI, Appendix D, and to deliver to MTC SAFE prior to execution of the Contract the necessary original Certificates of Insurance and endorsements, as required therein. If changes in the attached contract are desired, they are attached to this Proposal; if no changes are attached, the undersigned agrees to execute the contract substantially “as is.”

The undersigned hereby certifies that it will not unlawfully discriminate against any employee or applicant for employment or any motorist intended to be a beneficiary of the FSP service with regard to race, color, religion, sex, national origin, physical or mental disability, marital status, sexual orientation or age.

The undersigned acknowledges receipt, understanding and full consideration of the following Addenda to the RFQBI Documents: Addenda Nos. ____, ____, ____, and ____.

How many total beats are you bidding on? _____

What are the maximum number of beats you will accept? _____

Proposer represents that the following person is authorized to negotiate on its behalf with the MTC SAFE in connection with this RFQBI:

(Name)	(Title)	(Phone)
By: (Contractor Name)	(Signature of Authorizing Official)	
(Street Address/P.O. Box)	(Type or Print Name)	
(City, State, Zip Code)	(Title)	
(Business License Number)	(Telephone/Fax Number)	
(Business License Classification)	(Tax I.D. Number)	

Proposer is a: (Circle One: Sole Proprietorship; Corporation; Partnership).

If Proposer is a Corporation, insert state of incorporation: _____.

Form B Business License

*All bidders must attach a copy of their current business license from the city in which their facility is located to this form.

(Business License Number)

City in which business license was obtained

(Business License Classification)

(Contractor Name)

(Facility Location Street Address; or proposed staging/parking/satellite location)

(City, State, Zip Code)

(Signature of Authorized Official)

(Type/Write Name of Authorized Official)

(Type or Write Name of Company)

Form C Experience

Experience	# of Years
Number of years on tow rotation with CHP or FSP	
Number of years of highway/freeway tow experience (law enforcement, auto clubs, etc.)	
Total number of years of tow service experience	

(Signature of Authorized Official)

Form D Designated Manager

Name of designated manager for the FSP project: _____

Number of years of experience in towing industry or similar field: _____

Location/company where experience in towing industry or similar field was obtained:

(Signature of Authorized Official)

Form E Local Office/Beats for Qualification

Office Location:

(Contractor Name)

(Facility Location Street Address; or proposed
staging/parking/satellite location)

(City, State, Zip Code)

Is this a proposed staging/parking/satellite location? (circle one) YES NO

Beats within 30 minutes driving time (at the speed limit) of facility location that the Bidder
would like to qualify for:

Beat Number	Number of Minutes to Beat from Facility Location

(Signature of Authorized Official)

Form F Office Staff

Name of office staff person who has the authority to conduct business and make decisions on
behalf of the contractor: _____

Title/Role: _____

(Signature of Authorized Official)

Form G Financial Responsibility

*All bidders must attach two of the following four items to this form.

- (1) a reference letter from your bank;
- (2) Federal Income Tax Returns from the two most recent years available;
- (3) Profit/Loss Statement for the two most recent quarters available, and/or
- (4) Dunn and Bradstreet Report or credit report by a recognized credit reporting service, issued after August 31, 2010.

The financial responsibility information is requested for determining financial responsibility only and will be received as confidential by MTC SAFE. As such, it will not become part of MTC SAFE's public record.

Only one copy of documentation relating to the Proposer's financial responsibility is necessary. This information should be packaged separately. It is not necessary to include copies of financial information with each copy of the proposal. This information will be received as confidential and shredded upon committee action on the tow contract awards.

(Signature of Authorized Official)

Form H Insurance

Each selected Contractor must have original insurance certificates and the required endorsements approved by MTC SAFE on file before contract performance begins. Insurance carriers shall be required to have an established place of business in California.

Contractor acknowledgement to obtain and maintain, at its own expense, in effect for the duration of the contract the following insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, or employees:

Yes (√)	Please certify by checking the boxes at left that required coverages will be provided within five (5) days of MTC's notice to firm that it is the successful proposer.
<input type="checkbox"/>	(1) Workers' Compensation insurance as required by the State of California, such policy shall contain a Waiver of Subrogation endorsement in favor of MTC SAFE;
<input type="checkbox"/>	(2) Employer's Liability of at least \$1,000,000 per accident for bodily injury or disease;
<input type="checkbox"/>	(3) Commercial General Liability of at least \$1,000,000 per occurrence for bodily injury, personal injury and property damage (if Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project location or the general aggregate limit shall be twice the required occurrence limit);
<input type="checkbox"/>	(4) Owned, Non-Owned and Hired Automobile Liability of at least \$1,000,000 per accident for bodily injury and property damage;
<input type="checkbox"/>	(5) On-hook Insurance of at least \$80,000 per accident;
<input type="checkbox"/>	(6) Inland Marine Floater Insurance of at least \$5,000 or the replacement cost of the equipment supplied by MTC SAFE, whichever is higher; and
<input type="checkbox"/>	(7) Umbrella insurance in the amount of \$1,000,000 providing excess limits over Employers Liability, Automobile Liability, and Commercial General Liability Insurance.
<input type="checkbox"/>	(8) Deductibles and Self-Insured Retentions: Any deductibles or self-insured retentions must be declared to and approved by MTC SAFE. At the option of MTC SAFE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects MTC SAFE, its officials and employees, or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses. Other Insurance Provisions: The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions: 1. MTC SAFE, the California Highway Patrol (CHP), Caltrans, their Commissioners, directors, officers, employees and agents are to be covered as additional insured under the coverages specified herein Form H, as respects: general liability arising out of activities performed by or on behalf of CONTRACTOR; automobiles owned, leased, hired or borrowed by CONTRACTOR. The coverage

	<p>shall contain no special limitations on the scope of protection afforded to MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents.</p> <p>2. For any claims related to this project, CONTRACTOR's insurance coverage shall be primary insurance as respects MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents. Any insurance or self-insurance maintained by MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents shall be excess of CONTRACTOR's insurance and shall not contribute with it.</p> <p>3. Any failure to comply with reporting or other provisions of the policies including breaches of warranties shall not affect coverage provided to MTC SAFE, the CHP, Caltrans, their Commissioners, directors, officers, employees and agents.</p> <p>4. CONTRACTOR's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.</p> <p>5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to MTC SAFE.</p>
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By signing below, you acknowledge and agree to provide the required certificate of insurance providing verification of the minimum insurance requirements listed above within five (5) days of MTC SAFE's notice to firm that it is a successful proposer.

Type or Write Name of Company	
Representative Name and Title	
Name of Authorizing Official	
Authorized Signature	
Date	

NOTE: If you were unable to check "Yes" for any of the required minimum insurance coverages listed above, a request for exception to the appropriate insurance requirement(s) must be brought to MTC's attention no later than the date for protesting RFQBI provisions. If such objections are not brought to MTC SAFE's attention consistent with the protest provisions of this RFQBI, compliance with the insurance requirements will be assumed.

Form I Wages and Benefits

Contractor acknowledgement to pay tow operators (and be able to verify, with audited financial records) a wage of at least \$11.00 per hour with health benefits or \$12.00 per hour without health benefits. In addition, MTC SAFE requires that tow contractors pay their tow operators the wages and benefits included in the Price Proposal Spreadsheet included in Step 2: Price Proposal, Form S should the Proposer pass Step 1: Qualifications.

Acknowledgement of Wages and Benefits:

By signing below, you acknowledge and agree to pay tow operators at least the hourly rate listed above, and will provide MTC SAFE with verifiable audited financial records.	
Type or Write Name of Company	
Representative Name and Title	
Name of Authorizing Official	
Authorized Signature	
Date	

Form J References

Name of Bidding Contractor:

Representative Name & Title:

Phone Number and Email:

Contractors must provide four (4) references, three (3) of which must respond to the MTC questionnaire. Contractors must receive an average of 3.5 on a scale of 1 to 5. References should be from individuals, companies, law enforcement agencies, service clubs, public agencies, etc., who are knowledgeable of the Proposers experience and capabilities with regard to towing services. Proposers are encouraged to include references from public agencies and/or other clients for whom they have performed services similar to those described in this RFQBI. References from relatives and/or current FSP Staff will not be accepted.

1. Client's Name

Contact Person

Phone and Fax

E-mail

Address

Type of Work Performed

2. Client's Name

Contact Person

Phone and Fax

E-mail

Address

Type of Work Performed

3. Client's Name

Contact Person

Phone and Fax

E-mail

Address

Type of Work Performed

4. Client's Name _____

Contact Person _____

Phone and Fax _____

E-mail _____

Address _____

Type of Work Performed _____

The Sample Reference Form to be sent by MTC to Bidder's listed references is shown below. This is for reference only and should not be completed by Bidder.



**BAY AREA FREEWAY SERVICE PATROL PROGRAM
FY 2012 TOW CONTRACT
REFERENCE CHECK FORM**

<Proposer Company Name>: _____ Date: _____

Name/Title/Company: _____

<Proposer> has submitted a proposal with the Bay Area Freeway Service Patrol Program and you were listed as a reference. <Proposer> has authorized you to provide the following information related to their past experience and performance. **Please complete this form and fax to the attention of Nina Rohlich at (510) 817-5878 or e-mail at nrohlich@mtc.ca.gov by <submission deadline>.**

- 1.) Please describe your knowledge of <Proposer's> experience and capabilities with regard to their tow services. Also, please describe the type of work they performed for you.

- 2.) How satisfied were you with the work <Proposer> performed for you, on a scale of 1-5, with 1 being "Completely Dissatisfied" and 5 being "Totally Satisfied"?

1	2	3	4	5
<i>Completely Dissatisfied</i>				<i>Totally Satisfied</i>

- 3.) On a scale of 1-5, with 1 being "Almost Always" and 5 being "Never", how often did you encounter problems with <Proposer's> level of performance and/or customer service?

1	2	3	4	5
<i>Almost Always</i>				<i>Never</i>

- 4.) On a scale of 1-5, with 1 being "Poor" and 5 being "Exceptional", how would you rate <Proposer's> overall quality of service?

1	2	3	4	5
<i>Poor</i>				<i>Exceptional</i>

- 5.) How strongly would you recommend <Proposer> for a contract with our program, on a scale of 1-5, with 1 being "Would NOT recommend" and 5 being "Would DEFINITELY recommend"?

1	2	3	4	5
<i>NOT recommend</i>				<i>DEFINITELY recommend</i>

- 6.) Thank you for taking the time to complete this reference form. Is there anything else that you think the FSP Partners might find helpful in making a decision with respect to selecting <Proposer> for the Freeway Service Patrol Program?

Form K Good Standing

If you are a new contractor or an existing FSP contractor, please check whether any of the following apply to you:

All Contractors (existing and new):

_____ At some point in the past 12 months from the RFQBI submittal date, my company has **not** been in good standing with the CHP rotational tow program.

Existing FSP Tow Contractors Only:

_____ At some point in the past 12 months from the RFQBI submittal date, my company has been on probationary status with the FSP program.

_____ My company has received a letter of reprimand from the FSP program partners.

_____ My company has been terminated from the FSP program in the past three (3) years.

Note: If in the CHP rotational tow program and **not** in good standing, the number of beats awarded may be limited. If an Existing FSP Tow Contractor is on probationary status, has received a letter of reprimand within the past 12 months from the RFQBI submittal date, or is not in good standing with rotational tow, then the FSP Tow Contractor will only be eligible to have one tow contract with MTC SAFE. Example 1: If an FSP Tow Contractor has two beats and one contract expires, then said Contractor is not eligible to bid. Example 2: If an FSP Contractor has one beat and one expires, then said Contractor is eligible to receive one bid in the current procurement.

(Signature of Authorized Official)

Form L CERTIFICATION OF DEBARMENT

_____[NAME OF CONTRACTOR], certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of the certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

_____[NAME OF CONTRACTOR], is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification).

_____[NAME OF CONTRACTOR], CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. §§ 3801 *et seq.* ARE APPLICABLE THERETO.

(signature of authorized official)

(type or print name and title)

FORM M CERTIFICATION OF RESTRICTIONS ON LOBBYING

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____ hereby certify on behalf of _____ that:
(name and title of grantee official) (name of grantee)

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this _____ day of _____, 2010.

By _____ (Signature of authorized official)

(Title of authorized official)

(2) Original – Local agency files

INSTRUCTIONS - LOCAL AGENCY PROPOSER- UDBE COMMITMENT (CONSULTANT CONTRACTS) (Revised 03/09)

ALL PROPOSERS:

PLEASE NOTE: It is the proposer's responsibility to verify that the UDBE(s) falls into one of the following groups in order to count towards the UDBE contract goal: 1) Black American; 2) Asian-Pacific American; 3) Native American; 4) Women. This information shall be submitted with your proposal. Failure to submit the required UDBE commitment will be grounds for finding the proposal nonresponsive

UDBE is a firm meeting the definition of a DBE as specified in 49 CFR and is one of the following groups:

1. Black American
2. Asian-Pacific American
3. Native American
4. Women

The form requires specific information regarding the consultant contract: Agency, Location, Project Descriptions, Federal Aid Project Number (assigned by Caltrans-Local Assistance), Proposal Date, Proposer's Name, and Contract Goal.

The form has a column for the Work Item Number (or Item No's) and Description or Services to be Subcontracted to UDBEs. The UDBE should provide a certification number to the Consultant. Notify the Consultant in writing with the date of the decertification if their status should change during the course of the contract. The form has a column for the Names of certified UDBEs to perform the work (must be certified on the date proposals are received and include UDBE address and phone number). Enter the UDBE prime consultant and subconsultant certification numbers. Prime consultants shall indicate all work to be performed by UDBEs including, if the prime consultant is a UDBE, work performed by its own forces.

There is a column for the total UDBE percentage. Enter the Total Claimed UDBE Participation percentage of items of work submitted with the proposal pursuant to the Special Provisions. (If 100% of item is not to be performed or furnished by the UDBE, describe exact portion of time to be performed or furnished by the UDBE.) See Notice to Bidders/Proposers Disadvantaged Business Enterprise Information to determine how to count the participation of UDBE firms. Note: If the proposer has not met the contract goal, the local agency must evaluate the proposer's good faith efforts to meet the goal in order to be considered for award of the contract.

Exhibit 10-O (1) must be signed and dated by the consultant proposing. Also list a phone number in the space provided and print the name of the person to contact.

For the Success Proposer only, local agencies should complete the Contract Award Date and Federal Share fields and verify that all information is complete and accurate before signing and sending a copy of the form to the District Local Assistance Engineer within 15 days of award. Failure to submit a completed and accurate form within the 15-day time period may result in the de-obligation of funds on this project.

District DBE Coordinator should verify that all information is complete and accurate. Once the information has been verified, the **District Local Assistance Engineer** signs and dates the form.

Distribution: (1) Copy – Fax or scan a copy to the Caltrans District Local Assistance Engineer (DLAE) within 15 days of contract execution. Failure to send a copy to the DLAE within 15 days of contract execution may result in de-obligation of funds for this project.
(2) Original – Local agency files

INSTRUCTIONS - LOCAL AGENCY PROPOSER DBE INFORMATION
(CONSULTANT CONTRACTS) (Revised 03/09)

SUCCESSFUL PROPOSER:

The form requires specific information regarding the consultant contract: Agency, Location, Project Description, Federal Aid Project Number (assigned by Caltrans-Local Assistance), Proposal Date, and Successful Proposer's Name.

The form has a column for the Description or Services to be Subcontracted by DBEs. The DBE should provide a certification number to the prime consultant. The form has a column for the Names of DBE certified consultants to perform the work (must be certified on the date the proposal is received and include DBE address and phone number). Enter DBE prime consultant's and subconsultants' certification numbers. The prime consultant shall indicate all work to be performed by DBEs including, if the prime consultant is a DBE, work performed by its own forces.

Enter the Total Claimed DBE Participation percentage of items of work in the total DBE Dollar Amount column. (If 100% of item is not to be performed by the DBE, describe the exact portion of time to be performed by the DBE.) See Notice to Proposers/Bidders Disadvantaged Business Enterprise Information to determine how to count the participation of DBE firms.

Exhibit 10-O (2) must be signed and dated by the successful proposer at contract execution. Also list a phone number in the space provided and print the name of the person to contact.

For the successful proposer, Local agencies should complete the Contract Award Date and Federal Share fields and verify that all information is complete and accurate before signing and sending a copy of the form to the District Local Assistance Engineer within 15 days of contract execution. Failure to submit a completed and accurate form within the 15-day time period may result in the de-obligation of funds on this project.

District DBE Coordinator should verify that all information is complete and accurate. Once the information has been verified, the **District Local Assistance Engineer** signs and dates the form.

Form O, CALIFORNIA LEVINE ACT STATEMENT

California Government Code § 84308, commonly referred to as the “Levine Act,” precludes an officer of a local government agency from participating in the award of a contract if he or she receives any political contributions totaling more than \$250 in the 12 months preceding the pendency of the contract award, and for three months following the final decision, from the person or company awarded the contract. This prohibition applies to contributions to the officer, or received by the officer on behalf of any other officer, or on behalf of any candidate for office or on behalf of any committee.

MTC’s commissioners include:

Tom Azumbrado
Tom Bates
Dave Cortese
Dean J. Chu
Chris Daly
Bill Dodd

Dorene M. Giacomini
Federal D. Glover
Scott Haggerty
Anne W. Halsted
Steve Kinsey
Sue Lempert
Jake Mackenzie

Jon Rubin
Bijan Sartipi
James P. Spering
Adrienne J. Tissier
Amy Rein Worth
Ken Yeager

1. Have you or your company, or any agent on behalf of you or your company, made any political contributions of more than \$250 to any MTC commissioner in the 12 months preceding the date of the issuance of this request for qualifications?

☐ YES ☐ NO

If yes, please identify the commissioner: _____

2. Do you or your company, or any agency on behalf of you or your company, anticipate or plan to make any political contributions of more than \$250 to any MTC commissioners in the three months following the award of the contract?

☐ YES ☐ NO

If yes, please identify the commissioner: _____

Answering yes to either of the two questions above does not preclude MTC from awarding a contract to your firm. It does, however, preclude the identified commissioner(s) from participating in the contract award process for this contract.

DATE

(SIGNATURE OF AUTHORIZED OFFICIAL)

(TYPE OR WRITE APPROPRIATE NAME, TITLE)

(TYPE OR WRITE NAME OF COMPANY)